

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/552272

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED

AFTER
1st AMENDMENT

AFTER
2nd AMENDMENT

IND. DEP.

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TOTAL CLAIMS						

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TOTAL IND.	9					
TOTAL DEP.	39					
TOTAL CLAIMS	48					